FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*  OCONNELL MAUREEN						2. Issuer Name <b>and</b> Ticker or Trading Symbol Sucampo Pharmaceuticals, Inc. [ SCMP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) 805 KING FARM BLVD, SUITE 550					3. Date of Earliest Transaction (Month/Day/Year) 02/13/2018								Officer (give title below)  Officer (give title below)						
,			20850		4.	f Ame	ndme	nt, Date	of Original I	Filed	(Month/Da	ay/Year)		6. Ind Line)	Form fi	led by One led by Mor	e Repo	(Check App orting Persor One Repor	ı
(City)	(S		(Zip)	-Dariy	/ativ	- So	Curit	ios Ac	equired	Die	nosed o	f or Re	nofi	cially	, Owned				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action	n 2 ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4 Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		or	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	V	Amount	(A) (D)	or P	rice	Transaction(s) (Instr. 3 and 4)				
Common Stock, Class A						5/2018			D		5,130			\$18		0		D	
		•	Table II -						uired, Di s, option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,		ransaction Code (Instr.		umber vative urities uired or oosed O) (Instr. and 5)	6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				(	Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or	ount nber res					
Director Stock Option (right to buy)	\$5.19	02/13/2018			D			30,000	(2)	0	3/01/2023	Commor Stock	30,	000	\$12.81	0		D	
Director Stock Option (right to buy)	\$8.62	02/13/2018			D			20,000	(2)	0	5/22/2023	Commor Stock	20,	000	\$9.38	0		D	
Director Stock Option (right to buy)	\$6.8	02/13/2018			D			20,000	(2)	0	5/09/2024	Commor Stock	20,	000	\$11.2	0		D	
Director Stock Option (right to buy)	\$16.23	02/13/2018			D			20,000	(2)	0	5/29/2025	Commor Stock	20,	000	\$1.77	0		D	
Director Stock Option (right to	\$10.3	02/13/2018			D			10,000	(2)	0	6/01/2027	Commor Stock	10,	000	\$7.7	0		D	

## **Explanation of Responses:**

- 1. This common stock was purchased for \$18.00 per share share in cash, subject to any required withholding of taxes and without interest, upon the effective time of the merger of Sun Acquisition Co.with and into Sucampo Pharmaceuticals, Inc. pursuant to that certain Agreement and Plan of Merger by and among Mallinckrodt plc, Sun Acquisition Co. and Sucampo Pharmaceuticals, Inc. dated December 23, 2017 (the "Merger Agreement"). The common stock consisted of restricted stock units that were accelerated as a result of the Merger Agreement.
- 2. This option was cancelled and converted into the right to receive in cash the amount per share by which \$18.00 exceeds the exercise price of the option, subject to any applicable tax witholdings (such amount, the "Option Spread"), upon the effective time of the merger of Sun Acquisition Co.with and into Sucampo Pharmaceuticals, Inc. pursuant to the Merger Agreement. The Option Spread for the unvested portion of the option, if any, will be paid in accordance with the schedule described in the Merger Agreement.

/s/ Maureen E. O'Connell

02/13/2018

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.